FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>04/01/2006</u>.

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		, ,	
Private Passenger	_		
Commercial	-		
2. Automobile Physical Dama	ige		
Private Passenger			
Commercial	DIVISION OF INDURANCE STATE OF ILLINOIS/IDEPR		
3. Liability Other than Auto	STATE OF ILLINOIS/ID-PA		
4. Burglary and Theft	المساد ما وسأ أأشا	1	
5. Glass			
6. Fidelity	APR 0 1 2006		
7. Surety	- -		
8. Boiler and Machinery	SPRINGFIELD, ILLINOIS		
9. Fire	SPRINGFIELD		
10. Extended Coverage 11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril	-		
14. Crop Hail	-		<u> </u>
15. Workers Compensation	•	18,804,841	+ 4.3 %
16. Other	•		
Line of Insurance			
Does filing only apply to certain	territory (territories) or certain class	ses? If so, specify <u>No</u>	
Brief description of filing (if filing and change ACE Property	g follows rates of an advisory organ and Casualty Insurance Company'	ization, specify organiza s Deviation from 3% to 0	tion) Adopt 1/1/06 Advisory Rates

ACE PROPERTY & CASUALTY INSURANCE COMPANY Name of Company

<u>Joe Binkowski – WC Product Line Manager</u> Official — Title

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate leve	I produced by rate revision effective	5/1/2006
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Comp	46,682,939	8.8%
Line of Insurance		
Does filing only apply to certain territory (ter Brief description of filing. (If filing follows rat advisory rates, loss costs and rating value also includes an adjustment to our Class Lis	es of an advisory organization, specify or s pursuant to NCCI Approval Circular II	ganization): Filing to adopt NCCI's
dio morado da dajudanten to da olado En		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic		s. nsurance Company of America
		Name of Company
		rianto of Company
	Fred Van Strea	in, CPCU, Compliance Advisor
	Trea van onea	Official – Title

DIVISION OF INSURANCE STATE OF ILLINC:S/IDFPR

MAY 0 1 2006

Change in Company's premium or rate level produced by rate revision effective

(1) SPRING FINE PRODUCED SPRING FINE PRODUCED BY THE PRODUCED SPRING FINE PRODUCED BY THE PRODU Form (RF-3) **SUMMARY SHEET** May 1, 2006 (3) Annual Premium Percent Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto 3. 4. Burglary and Theft 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. 10. **Extended Coverage** 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail \$1,029,789 +1% 15. Other Workers Comp Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: na Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's rates per Bulletin IL-2005-11 and introducing loss costs multiplier and revising minimum premium. * Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. All America Ins Co Name of Company

> (Mrs.) Petrise Meyer Sr Rates and Forms Analyst Official - Title

		IMARY SHEET DIVIS	TON OF HOUR WOE
	FORM	1 RF-3	DO IN THE PROPERTY OF THE PROP
Change is	n Company's premium or rate level produced by rate revis	ion effective:	11 0 / 2006 4/1/06
	(1)	Annual Premium	FIELD, ILLINO Percent Change (+ o -) **
	Coverage	Volume (Illinois) *	Change (+ o -) **
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other:	0	0.0%
16 . Does filir	ng only apply to certain territory (territories) or certain class	sses? If so, specify.	Not Applicable
Brief des <u>Cr</u> <u>Ci</u>	scription of filing (if filing follows rates of an advisory org. NA is filing to adopt the 1/1/06 NCCI rates for the state of rcular IL-2005-11, with an effective date of 4/1/06. -force Written Premium hange in Company's premium level which will result from	anization, specify organization). Illinois, as approved in NCCI	
			Company of Reading, PA of Company
			Actuarial Analyst

		(i)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automo	bile Liability		
		Passenger		
	Comm	· · · · · · · · · · · · · · · · · ·		
2.		bile Physical Damage		
		Passenger		
_	Comm			
3.		Other Than Auto		
4.		and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.		nd Machinery	· · · · · · · · · · · · · · · · · · ·	
9. 0.	Fire	10		
v. 1.	Inland N	d Coverage		
1. 2.	Homeov			-
2. 3.		vners rcial Multi-Peril		
3. 4.	Crop Ha			
5.	Other	Workers Compensation	4,257,642	3.1%
	-	Line of Insurance	4,237,042	3.176
			lendar year ending 12/2005)	
es fi	ling only a	apply to certain territory (territory	ories) or certain classes? If so, specify:	
	•		or our contract of the contrac	

** Change in Company's premium level which will result from application of new rates.



American Economy Insurance Company
Name of Company

Patty McCollum,
Assistant Vice President
Official - Title

FORM (RF-3)

Change in	Company's premium or rate level produced by rate revision
Effective	May 1, 2006

(1)	(2)	(3)
<u>Coverage</u>	Annual Premium <u>Volume (Illinois)*</u>	Percent <u>Change (+ or -)**</u>
COVERAGE	voigne (imitos)	<u>Simily</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage	-	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Comp.	\$16,999,436	+1.4%
Does filing only apply to certain ter	ritory (territories) or certain clas	ses? No
Tf		
Brief description of filing. (If filing)		A. J Att. / / / / / / / / / / / / / / / / / /
Organization, specify organization):		
	Decrease Deviation from +33	% to +25%

1

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAY 0 1 2006

SPRINGFIELD, ILLINOIS

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company

James P. Weyer

Official - Title

James P. Meyer, ACP, AIM Senior Pricing Analyst/Filings

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM RF-3

(1)		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or-)**
Coverage		Volume (IIII 1015)	Change (1 01-)
 Automobile Liabil Private Passenge Commercial 	- -		
 Automobile Physic Private Passenge Commercial 	-		
3. Liability Other tha	n Auto		
4. Burglary and Thef	t		
5. Glass		<u> </u>	
6. Fidelity _[DIVISION OF INSURANCE]	
7. Surety	DIVISION OF INSURANCE		
8. Boiler and Machir	ery hadratite		
9. Fire	APR 0 1 2006		
Extended Coverage	AFIL 0 - 2000		
1. Inland Marine			
2. Homeowners	SPRINGFIELD, ILLINOIS		
Commercial Multi	Peril		
4. Crop Hail		\$ 14,065,878	6.43%
Workers Compens	ation	Ψ 14,000,070	
6. Other			
Line of Insur	rance		
			N/A
ses filing only apply to o	certain territory (territories) or certa	illi classes? Il so, specily _	
	// Elima fallous sets of an advis	ar arganization anasifi	unitation) Adoption of
	(if filing follows rates of an advisor ests with a delayed effective date		
ICCI Advisory Loss Co		or April 1, 2000. To be e	nective for all new and r
			•
olicies on and after Ap	oril 1, 2006.		
olicies on and after Ap	Il prior rate changes.		

American Interstate Insurance Company
Name of Company

Kathy Wells, State Filing Coordinator
Official — Title

		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	Change (+ or -)**
i.		obile Liability		
		e Passenger		
_		nercial		
2.		obile Physical Damage		
		e Passenger nercial		
3.		y Other Than Auto		
4.		ry and Theft		
5 .	Glass	•		
6.	Fidelity	7		
7.	Surety			
8.	Boiler a	and Machinery		
9.	Fire			
10.		ed Coverage		
11.	Inland 1			
12.	Homeo	***************************************		
13.		ercial Multi-Peril		
14.	Crop H			
15.	Other	Workers Compensation	\$ 4,744,053	3.7%
		Line of Insurance		
oss 6	lina antr	(as of ca	alendar year ending 12/2005)	
No	inig omy	apply to certain territory (territo	ories) or certain classes? If so, specify:	
110			· · · · · · · · · · · · · · · · · · ·	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American States Insurance Company

Name of Company

Patty McCollum, Assistant Vice President Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

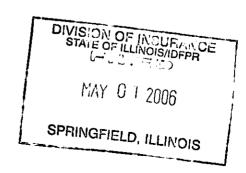
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		ve <u>May 1, 2005</u>	
<u>c</u>	(1) overage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile L Passeng 2. Automobile F Private F 3. Liability Othe 4. Burglary and 5. Glass 6. Fidelity 7. Surety 8. Boiler and M 9. Fire 10. Extended Co 11. Inland Marine	Liability Private er Commercial Physical Damage Passenger Commercial Er Than Auto Theft achinery everage e	<u>volume (minois)</u>	
12. Homeowners			<u> </u>
13. Commercial14. Crop Hail	Multi-Perii		
	ers Compensation	\$287,000	6.3%
	of filing. (If filing follows rate	tories) or certain classes? If so,	specify organization): delay adoption of NCCI
	ect all prior rate changes. npany's premium level which	will result from application of ne	ew rates. Amerisure Insurance Company Name of Company
			name of company
	DIVISION OF I STATE OF ILLI MAY 0		Compliance Manager Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	May 1, 2006
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial	<u></u> ,	
3. Liability Other Than Auto	·	
4. Burglary and Theft	•	
5. Glass		
6. Fidelity		
7. Surety		
Rojler and Machinery		
9. Fire		-
10. Extended Coverage		
11. Inland Marine		
	· · · · · · · · · · · · · · · · · · ·	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$1,089,000	6.3%
Line of Insurance		
Does filing only apply to certain territory (terri	tories) or certain classes? If so, specif	y: <u>no</u>
Brief description of filing. (If filing follows rate with no change to deviations	es of an advisory organization, specify	organization): delay adoption of NCC
'Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	will result from application of new rate	2 S.
	Amerisure	Mutual Insurance Company
		Name of Company
	C	ompliance Manager
		Official - Title



Form	(RF-3)	DIVIS ON OF IN STATE OF ILLING COURT OF ILLING	E NOE
1 01111	(Id -3)	SUMMARY SH	in I
1	Change in Company's premium or rat	e level produced by Path Marision offective	re May 1, 2006
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
i.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp	\$8,854,098	+1%
	Line of Insurance		
Does f	iling only apply to certain territory (to	erritories) or certain classes? If so, specif	fy:
		s rates of an advisory organization, specif 05-11 and introducing loss costs multiplie	

 * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Central Mutual Ins Co

Name of Company

(Mrs.) Petrise Meyer Sr Rates and Forms Analyst Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Ch	ange in Company's premium or rate leve	el produced by rate revision effective	4/1/06
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
	Burglary and Theft	· · · · · · · · ·	
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail	······································	
	Other Workers Compensation	\$42,641,533.	+6.7%
٠٠.	Line of Insurance	V 12,0 11,000.	
Do	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	All classes and codes are
<u>affe</u>	ected.		
Bri	ef description of filing. (If filing follows ra	tes of an advisory organization, specify or	ganization): We are adopting
NC	Cl's rates effective 4/1/06. Also, we are	filing a revision to an existing exception r	page, clarifying how we apply our
wai	ver of subrogation flat charge. Finally,	we are filing new exception pages which	h show we are deviating from NCCI's
inc	reased minimum premiums. Each coo	de which is being deviated is listed on t	hese pages and the actual minimum
pre	mium we are using is listed.		
	ijusted to reflect all prior rate changes.		
**C	change in Company's premium level whi	ch will result from application of new rates	i.
			_
			nnati Casualty Company
			Name of Company
			Defeatables Analysis
		Connie	Petertonies - Analyst
			Officiał – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

APR C I 2006

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	4/1/06
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial _		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	· · · · · · · · · · · · · · · · · · ·	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	·	
14. Crop Hail		
15. Other Workers Compensation	\$10,950,624.	+6.2%
Line of Insurance	\$10,330,024.	. 0.2.70
Does filing only apply to certain territory (taffected.	erritories) or certain classes? If so, specif	y: All classes and codes are
Brief description of filing. (If filing follows r NCCl's rates effective 4/1/06. Also, we ar waiver of subrogation flat charge. Finally increased minimum premiums. Each co premium we are using is listed.	e filing a revision to an existing exception	page, clarifying how we apply our ch show we are deviating from NCCI's
premium we are using is listed.		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	nich will result from application of new rate	es.
	The Cine	cinnati Indemnity Company
		Name of Company
	Conn	ie Petertonjes - Analyst
		Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2006

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	4/1/06
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	<u>Volume (Illinois)*</u>	Change (+ or -)**
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		-
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		-
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	<u>.</u>	
14. Crop Hail		
15. Other Workers Compensation	\$6,945,144.	+5.7%
Line of Insurance	φο, υτυ,	
Does filing only apply to certain territory (terr	itories) or certain classes? If so, speci	fy: All classes and codes are
affected.		
Brief description of filing. (If filing follows rate	s of an advisory organization, specify	organization): we are adopting
NCCI's rates effective 4/1/06. Also, we are f	iling a revision to an existing exception	page, clarifying now we apply our
waiver of subrogation flat charge. Finally, v	ve are filing new exception pages wh	ich show we are deviating from NCCI's
increased minimum premiums. Each code	which is being deviated is listed on	these pages and the actual minimum
premium we are using is listed.		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	n will result from application of new rat	es.
	The Cine	cinnati Insurance Company
		Name of Company
	Conr	sia Patartanias - Analyst
	Con	nie Petertonies - Analyst Official – Titte
		Omera - 1100

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

APR 0 1 2006

Change i	in Company's premium or rate level produced by rate revision	on effective:	4/1/06
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machmery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Ieril Crop Hail Workers Compensation Other:	6,673,491	6.4%
Brief des <u>Cì</u>	recular IL-2005-11, with an effective date of 4/1/06.	nization, specify organization).	Not Applicable
	-force Written Premium nange in Company's premium level which will result from a	pplication of new rates.	
			asualty Company f Company
			Actuarial Analystal - Title

Change in Company's premium or rate level produced by rate Revision effective 4/1/06

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto	1	
4.	Burglan And heft INGURANCE Glass STATE OF ILLI 'DIS/IDEPR		
5.	Fidelity		
6. 7.	rigenty	 	
7. 8.	Surety APR 0 1 2006 Boller and Machinery		
o. 9.			
10.	Extende Sea WARELD, ILLINOIS		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other WC	\$4,275,291.	+9.95%
	Line of Insurance		
Does NO	filing only apply to certain territory (t	erritories) or certain classes? If	so, specify:
For	description of filing. (If filing follows all classes except 0042, 5022, 5551, 6 miscellaneous values dated effective	5217, 7228, 7229 <u>, 9082, and 90</u> 8	83 adopt NCCI loss costs
Revi	se Company expense constant displ	ayed on Exception Page CWI	C-R1d.
1201			
* A	djusted to reflect all prior rate change	S.	

- ** Change in Company's premium level which will result from application of new rates.

Continental Western l	Insurance Company
Name of C	ompany

Sharon Winter, CPCU Statistical and Research Analyst Official - Title

MAY 01 2006 Springfield, Illi 213

Form (RF-3)

SUMMARY SHEET

Change in Company's premium revision effective 1/1/06		by rate
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other That Mitton A. S. 4. Burglary and There I.		
14. Crop Hail 15. Other Workers Compensation Line of Insurance	\$ 303,165	+24.8% %
Does filing only apply to certain to If so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization		Loss Costs IL-2005-11

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Employers Fire Insurance Company Name of Company

Sharon Sansone

Sharon Sansone, Assistant Vice President Workers Compensation

Change in Compa	ny's premium	or rate	level	produced	by	rate
revision effective	May 1, 2006					

	(1) Cove <u>rage</u>	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
		voidino (minoro)	Criaing (C.
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Thef DIVISION C)F [1 3.387.320E	
5.	Glass STATE OF	ti di Gibi diPR	
6.	Fidelity		
7.	Surety MAY	J - <u>2006</u>	
8.	Boiler and Machinery		
9.	Fire	ELD , ILLINOIS	
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers' Compensation Line of Insurance	13,806,401	7.3 68%
_N	es filing only apply to certain territory o ef description of filing. (If filing follow		
<u>V</u>	Ve are revising our multiplier and de	viations on some class codes. T	he impact is +7.3% change in
01	ur premium level.		
	Adjusted to reflect all prior rate c		
	Change in Company's premium level		
W	vill result from application of new rat	೮ 5.	Federated Mutual Ins. Co.
			ame of Company
		Brad H	anson - Vice President
			Official - Title

Change in Company's premium or rate level produced by rate revision effective May 1, 2006 ______.

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.6.7.8.9.	Glass Fidelity DIVIS'ON OF INSURING PR STATE OF ILLANOISHE, PR Surety Boiler and Machinery AY 0 1 2006 Fire		
10.	Extended Coverage SPRINGFIELD, ILLING	019	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	80,269	+ 7,3 00%
Doe	es filing only apply to certain territory (ter	ritories) or certain classes? If s	so, specify:
	ef description of filing. (If filing follows rai		
	ur promium lovol		
_0	ur premium level.	·	
_			
* C	Adjusted to reflect all prior rate chang change in Company's premium level whit will result from application of new rates.	ch	adamatad O . ' .) . A
			ederated Service Ins. Co.
			son – Vice President
		0	fficial – Title

	Change in Company's premium or rate level	produced by rate revision effective	04/01/2006
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	<u> </u>	Youne (Immois)	Change (+ or -)
1.	Automobile Liability		
	Private Passenger		
2.	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$4,944,491	6.3%
		of calendar year ending 12/2005)	
No.	filing only apply to certain territory (territori	es) or certain classes? If so, specify:	
Brief <i>Effec</i>	description of filing. (If filing follows rates tive 4/1/06, we are adopting NCCI's 1/1/06	of an advisory organization, specify o loss costs with no change to our LCA	rganization); M of 1.88.
** C	djusted to reflect all prior rate changes. hange in Company's premium level which we sult from application of new rates.	ill	
	4	ELD, ILLINOIS	surance Company of America une of Company Light Collum, assistant Vice President
	9D		Official - Title

•	Change in	Company's premium or rate lev	vel produced by rate revision effective	04/01/2006
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automo	obile Liability		
		e Passenger		
		nercial		
2.		obile Physical Damage		
		e Passenger		
		nercial		
3.		y Other Than Auto		
4.	Burglar	y and Theft		
5.	Glass			
6.	Fidelity	,		
7.	Surety			
8.	Boiler :	and Machinery		
9.	Fire			
10.	Extend	ed Coverage		
11.	Inland 1	Marine		
12.	Homeo	wners		
13.	Commo	ercial Multi-Peril		
14.	Crop H	ail		
15.	Other		\$ 2,294,231	3.9%
		Line of Insurance		
logo f	iling only		alendar year ending 12/2005) ories) or certain classes? If so, specify:	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

APR 0 1 2006

SPRINGFIELD, ILLINOIS

General Insurance Company of America

Name of Company

Patty McCollum,

Assistant Vice President

Official - Title

12/29/05

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 1, 2006

	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois)*	Change (+ or -)**	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto		-	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
4.	Burglary and Theft			STATE OF INSTITUTE
5.	Glass			O CLINOIS/IDEANC
6.	Fidelity			1 Ans
7.	Surety			APR 0 1 2006
<u>8.</u>	Boiler and Machinery	<u> </u>		- 1 2006
9.	Fire			L SPRINGE:
10.	Extended Coverage			SPRINGFIELD, ILLINOIS
11.	Inland Marine			LINOIS
12.	Homeowners			
13.	Commercial Multi-Peril	_		
14.	Crop Hail			•
15.	Other Workers' Compensation	2,485,238	6.8%	
	Line of Insurance			

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Accident and Indemnity Co. will deviate -25% from the group rates. Including a loading for our own expenses with an expense multiplier of 1.235.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Hartford Accident and Indemnity Company
Name of Company

oohn Krause

Sr. Actuarial Analyst

RF-3

12/29/05

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 1, 2006

(3)

Percent
Change (+ or -)**

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ ог -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	<u> </u>	
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	7,595,575	6.8%

Does this filing only apply to certain territory (territories) or certain classes?

If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Casualty Insurance Company will deviate -5% from the group rates. Including a loading for our own expenses with an expense multiplier of 1.564.

- * Adjusted to reflect all prior rate changes.
- ** Change in the company's premium level which will result from application of new rates.

Hartford Casualty Insurance Company
Name of Company

John Krause

Sr. Actuarial Analyst

12/29/05

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 1, 2006

		(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
1.		bile Liability Private ger Commercial			
2.		bile Physical Damage Passenger Commercial			
3.	Liability	Other Than Auto			
4.	Burglary	and Theft			
5.	Glass		***************************************		
6.	Fidelity		*** • • • • • • • • • • • • • • • • • •		
7.	Surety				DIVISION OF INSURANCE
8.	Boiler ar	nd Machinery			DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
9.	Fire				FOLED
10.		d Coverage			400 0 1 0000
11.	Inland M	f arine			APR 0 1 2006
12.	Homeov				
13.		rcial Multi-Peril			SBDINGEIELD BLINGIG
14.	Crop Ha				SPRINGFIELD, ILLINOIS
15.	Other	Workers' Compensation	7,671,825	6.8%	
		Line of Insurance			
	this filing o	only apply to certain territory	(territories) or certain o	classes? No	
11 50,	apecity.				

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Fire Insurance Company will deviate -10% from the group rates. Including a loading for our own expenses with an expense multiplier of 1.481.

- * Adjusted to reflect all prior rate changes.
- ** Change in the company's premium level which will result from application of new rates.

Hartford Fire Insurance Company
Name of Company

John Krause

Sr. Actuarial Analyst

12/29/05

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 1, 2006

		(1)	(2) Annual Premium	(3) Percent	
		Coverage	Volume (Illinois)*	Change (+ or -)**	
1.	Automo	bile Liability Private			
		ger Commercial			
2.		bile Physical Damage			
		Passenger Commercial			
3.		Other Than Auto			
4.		and Theft			
5.	Glass	,			
6.	Fidelity				
7.	Surety	•			
8.	•	nd Machinery			
9.	Fire	,			
10.		ed Coverage			
11.	Inland N				<u> </u>
12.	Homeov	vners			03/21
13.	Comme	rcial Multi-Peril			\ o 38\
14.	Crop Ha	il			17 - 7021
15.	Other	Workers' Compensation	3,805,724	6.8%	APR PROPERTY
		Line of Insurance		0.077	
					一直 一 [10](]
Does	this filing o	only apply to certain territory	(territories) or certain c	lasses?	- 16 B 22A
	specify:		(No	2006
					ا ينظ
					SPAINGFIELD, ILLINOIS
Brief (description	of filing. (If filing follows rate	es of an advisory organ	ization, specify organ	nization) \ 0
	•	. . .		organ	
Hartfo	ord Insuran	ce Company of Illinois will de	eviate -20% from the gr	oup rates.	

* Adjusted to reflect all prior rate changes.

Including a loading for our own expenses with an expense multiplier of 1.317.

Hartford Insurance Company of Illinois
Name of Company

John Krause

Sr. Actuarial Analyst

^{**} Change in the company's premium level which will result from application of new rates.

12/29/05

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 1, 2006

		(1) Coverage	(2) Annual Premium Volume (illinois)*	(3) Percent Change (+ or -)**	
1.	Automobi	le Liability Private			
	Passenge	r Commercial			
2.	Automobi	le Physical Damage			
	Private Pa	assenger Commercial			
3.	Liability O	ther Than Auto	-		
4.	Burglary a	and Theft			
5.	Glass				
6.	Fidelity				DI VISITIN OF INSURANCE STATE OF ILLINOIS/IDEPR
7 .	Surety				STATE OF ILLINOIS/IDFPR
8.	Boiler and	Machinery			FILED
9.	Fire	-			100 0 1 0000
10.	Extended	Coverage			APR 0 1 2006
11.	Inland Ma				
12.	Homeown	ers			SPRINGFIELD, ILLINOIS
13.	Commerci	al Multi-Peril			SPANGFILLD, ILLINOIS
14.	Crop Hail				
15.	Other	Workers' Compensation	26,589,701	6.8%	
		Line of Insurance	·		

Does this filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Insurance Company of the Midwest will deviate -15% from the group rates. Including a loading for our own expenses with an expense multiplier of 1.399.

- * Adjusted to reflect all prior rate changes.
- ** Change in the company's premium level which will result from application of new rates.

Hartford Insurance Company of the Midwest
Name of Company

dohn Krause

Sr. Actuarial Analyst

12/29/05

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective			April 1, 2006	
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
	Coverage	Tolunio (minolo)		
1.	Automobile Liability Private Passenger Commercial		r	
2.	Automobile Physical Damage Private Passenger Commercial			DIVISION OF INCIDENCE STATE OF ILLINONALIDERR
3.	Liability Other Than Auto			C- C C C C C C C C C C C C C C C C C C
4.	Burglary and Theft			100 0
5.	Glass	·		APR 0 1 2006
6.	Fidelity			
7.	Surety			SPRINGFIELD, ILLINOIS
8.	Boiler and Machinery		<u></u> _	
9.	Fire			
10.	Extended Coverage			_
11.	Inland Marine			
12.	Homeowners		<u> </u>	
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Workers' Compensation Line of Insurance	23,288,184	6.8%	
Does	s this filing only apply to certain territory	(territories) or certain	classes?	
	, specify:		No	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Underwriters Insurance Company will deviate 10% from the group rates. Including a loading for our own expenses with an expense multiplier of 1.811.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Hartford Underwriters Insurance Company
Name of Company

John Krause

Sr. Actuarial Analyst

hange in Company's p	oremium or rate	level produced by rate revision	effective:	4/1/06
	(1) Coverage		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) *
Private P Commerci Liability Ot Burglary an Glass Glass Fidelity Surety Boiler and N Fire LExtended C II. Inland Mari LEXTENDER COMMERCIA Crop Hail Workers Co Other:	assenger cial Physical Dama assenger cial her than Auto d Theft Machinery coverage ine rs I Multi-Peril	APR U 1 2006 SPRINGFIELD, ILLINOIS	3,074,448	5.7%
rief description of fili <u>CNA is filing to</u> <u>Circular 1L-2005</u> In-force Written	ng (if filing foll adopt the 1/1/00 i-11, with an eff Premium	ows rates of an advisory organic NCCI rates for the state of Illicective date of 4/1/06. Revel which will result from approximate the state of ap	zation, specify organization). nois, as approved in NCCI plication of new rates. National Fire Insuran	Not Applicable Ice Company of Hartford If Company
		-		Actuarial Analyst

H29219D

SUMMARY SHEET

Change in Company's premit revision effective 1/1/0	um or rate level produced b	y rate
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
 Automobile Liability Private Passenger 		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial	· · · · · · · · · · · · · · · · · · ·	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		· · · · · · · · · · · · · · · · · · ·
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		<u> </u>
12. Homeowners		
13. Commercial Multi-Peril	****	
14. Crop Hail	<u> </u>	.20 %
15. Other Workers Compensation Line of Insurance	\$33,914	+3.9 %
organization, specific organization	filing follows rates of and an amendment of mult	n advisory Loss Costs IL-2005-11
"ILINOIS		
* Adjusted to reflect all prior ** Change in Company's premium le result from application of new	vel which will	
	OneBeacon America Insuran	
	Name of Compar	ıy
SB,	arm Sansone	
	ansone, Assistant Vice Pre	sident Workers
	Official -Title	·

SUMMARY SHEET



Change in Company's premium or rate level produced by revision effective 4/1/2006 (2) (1) (3) Annual Premium Percent Volume (Illinois) * Change (+ or -) ** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 25,211,110 +3.0% 15. Other Workers' Compenstion Line of Insurance Does filing only apply to certain territory (territories)or certain classes? If so, specify: - No -Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt the 1/1/2006 NCCI advisory rates with

* Adjusted to reflect all prior rate changes.

class deviations as listed on the attachment.

** Change in Company's premium level which will result from application of new rates.

Sea	ntry Insurance A Mutual Company
	Name of Company
Janel Dano	zyk - Product Management Sr Analyst

Official - Title

APR 0 1 2006

SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2006

(1)	(2)	(3)
G	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	6,146,820	-3.0%
Line of Insurance		
Does filing only apply to certain	territory (territories)	or certain classes?
If so, specify: - No -	(0000000)	
sur-		
Brief description of filing. (If	filing follows rates of	an advisory
organization, specify organization	n): Adopt 1/1/2006 NCCI	advisory rates with
class deviations as listed on the	attachment.	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

 Sentry	Select	Insurance	Company	-	Dealer	Operations	5
	•	Name o	of Compar	ıy			

Janel Danczyk	 Product Management Sr Analyst 	
	Official - Title	

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	, ,	
Private Passenger	0	0
Commercial	0	0
2. Automobile Physical Damage		
Private Passenger	0	0
Commerciał	0	0
3. Liability Other than Auto	0	0
4. Burglary and Theft	0	0
5. Glass	0	0
6. Fidelity	0	0
6. Fidelity 7. Surety 8. Boiler and Machinery 8. Boiler and Machinery 9. Tayle OF ILLIA OS/IDEPR	0	0
8. Boiler and Machinery	0	0
9. Fire	0	0
10. Extended Coverage APR 0 1 2006	0	0
11. Inland Marine APR 0 1 2000	0	0
12. Homeowners	0	0
	0	0
13. Commercial Multi-Peril 14. Crop Hail SPRINGFIELD, ILLINOIS		0
15. Workers Compensation	12 months ending	6.3% per National
10. Wolliers Compensation	1/31/06:	Council on
	Written 13.3M	Compensation
	Earned \$12,2M	Insurance filing
		circular IL-2005-11
16. Other	0	0
Line of Insurance		
Does filing only apply to certain territory (territories) or certain c deviations to some class codes, and this filing proposes to	lasses? If so, specify No keep these deviations in	o – although previous filings proposed place.
Brief description of filing (if filing follows rates of an advisory orgon Compensation Insurance approval circular IL-2005-11, miscellaneous values page.	ganization, specify organ while maintaining the pre	ization) Adopt rates per National Counc eviously approved additional
 Adjusted to reflect all prior rate changes. Historical rate chan deviation is +0.1%. As such, actual is shown). Change in Company's premium level which will result from a 	pplication of new rates.	nology Insurance Company
		Name of Company
	Consi	itted by: J. Shoenfelt, ACAS, FCA ultant, Shoenfelt Consulting, Inc. al — Title

nange in	Company's premium or rate level produced by rate revision	n effective:	4/1/06
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril PRINGFIELD. ILLINOIS Workers Compensation Other:	27,378,187	6.5%
ef desc <u>CN</u> <u>Cir</u> In-1	g only apply to certain territory (territories) or certain classes expectation of filing (if filing follows rates of an advisory organ A is filing to adopt the 1/1/06 NCCI rates for the state of Ill cular IL-2005-11, with an effective date of 4/1/06. Force Written Premium ange in Company's premium level which will result from ap	ization, specify organization). inois, as approved in NCCI	Not Applicable
		Transcontinental Insurance Company Name of Company	
			Actuarial Analyst

hange i	n Company's premium or ra	te level produced by rate revision	n effective:	4/1/06
	(1) Coverag	ge	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
rief des <u>Cr</u> <u>Ci</u>	scription of filing (if filing fo NA is filing to adopt the 1/1/ rcular IL-2005-11, with an e	APR 0 1 2006 SPRINGFIELD, ILLING tory (territories) or certain classes ollows rates of an advisory organion of NCCI rates for the state of III	2,458,838 2,458,838 es? If so, specify. ization, specify organization).	9.5% Not Applicable
	-force Written Premium nange in Company's premiur	n level which will result from ap	plication of new rates.	
				Insurance Company of Company

12/29/05

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

April 1, 2006

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
1.	Automobile Liability Private		· 	
	Passenger Commercial			
2.	Automobile Physical Damage			
	Private Passenger Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire		-	
10.	Extended Coverage			
11.	Inland Marine			DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
12.	Homeowners			STATE OF ILLINOIS/IDFPR
13.	Commercial Multi-Peril			೯1೬ಆರ್
14.	Crop Hail			ADD 0.1.2000
15.	Other Workers' Compensation	52,167,601	6.8%	APR 0 1 2006
	Line of Insurance	·		
Does	this filing only apply to certain territory (territories) or certain cl	asses?	SPRINGFIELD, ILLINOIS
If so,	specify:	·	No	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Twin City Fire Insurance Company will not deviate from the group rates. Including a loading for our own expenses with an expense multiplier of 1.646.

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Twin City Fire Insurance Company
Name of Company

John Krause Sr. Actuarial Analyst

Change in Company's premium or rate level produced by rate revision effective:			4/1/06	
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **	
1.	Automobile Liability			
	Private Passenger Commercial			
2.	Automobile Physical Damage			
۷.	Private Passenger			
	Commercial			
3.	Liability Other than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machiner			
9.	Fire STATE OF CE			
10.	Surety Boiler and Machinery Fire Extended Coverage	110		
11.	Inland Marine	S/IDEA COS		
12.	Homeowners / APR 0	7 78 7		
13.	Commercial Multi-Peril 7 200			
14.	Crop Hail	5		
15.	Workers Compensation	4,221,087	10.0%	
16 .	Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other: APR 0 7 2006	/		
		⁷⁸ /		
oes filir	ng only apply to certain territory (territories) or c	certain classes? If so, specify.	Not Applicable	
<u>C</u> N	cription of filing (if filing follows rates of an adv NA is filing to adopt the 1/1/06 NCCI rates for the	e state of Illinois, as approved in NCCI		
Cii	rcular IL-2005-11, with an effective date of 4/1/0	<u> 10. </u>		
1	force Written Premium			
	lange in Company's premium level which will re	sult from application of new rates		
Cii	lange in Company's premium level which will re	suit from application of new rates.		
		Valley Forge Inc	surance Company	
			Company	
			ctuarial Analyst	
		Officia	d Title	